

# Exhibit B

Subject: **Case No HRT937-24-002129\_HITSMAN -LOA: Signature Request from  
clientservices**

Date: 6/12/2024 11:58:49 AM Eastern Daylight Time

From: mail@signnow.com

Reply To: clientservices@corporatelegallgroup.com

To: [REDACTED]

**signNow**

## You were invited to review and sign a document

clientservices@corporatelegallgroup.com invited you to sign "Case No HRT937-24-002129\_HITSMAN -LOA"

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You can contact the sender by clicking the button below.

**Contact Sender**

This email contains a secure link to signNow designed for the initial recipient. Please do not forward or share this email, link, or access code with others. If you believe this email was sent to you in error, please contact the sender.

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You will still receive important emails regarding your accounts for billing, security, and support.

**MPM PROCESSING**

I, DEBRA HITSMAN, authorize charge(s) in the amount(s) indicated below located in the Description of Service and Payment Schedule. A receipt for each payment may be provided to you upon request and the charge will appear on your bank statement as a debit transaction under "MPM PROCESSING".

**Settlement Agreement - HRT937-24-002129**

Description of Service and Payment Schedule; Santander 30000126154111000

(TOTAL SETTLEMENT OF \$4,908.00 ;\$250.00 DUE 6/12/2024 AND \$4,708.00 DUE 6/20/2024.

**Payment Authorization, Reaffirmation, & Acknowledgment:**

*This notice reaffirms that the card holder hereby authorizes MPM PROCESSING to initiate debit withdrawal entries, in the total amount of \$4,908.00 from the account indicated below for the purpose of resolving an outstanding consumer invoice that is owed. If this is a series of payments, please understand that this authorization will remain in full effect and you agree to notify MPM PROCESSING of any changes in the account information or rescission of this authorization. If the above noted payment dates fall on a weekend or holiday, the payment will be processed on the following business day. In the case of a transaction being rejected for Non-Sufficient Funds (NSF) or any payments are stopped, you agree to be bound to sub-section entitled Returned Item/Charge-back Policy located below. You also certify that by giving this card information, you're an authorized user of this account and you're making this agreement in good faith, and will not dispute this scheduled transaction(s) with the bank; so long as the transaction(s) correspond to the terms indicated in this authorization form if you do NOT agree with the terms, please contact MPM PROCESSING.*

*By making these payment(s), the obligation is confirmed and serves as an acknowledgement thus legally owed by the debtor and the amount owed includes all accrued interest and other permitted charges to date. The debtor further acknowledges that there are no defenses to, or credits, or rights to off-set against any interested party and said account balance and the creditor shall reserve the right to procure any breach of this agreement.*

**Returned Item/Charge-Back Policy:**

*In the case of a transaction being rejected for Non-Sufficient Funds (NSF) or the transaction is wrongfully disputed, you may be accessed additional fees for the returned item. In the event that additional fees and costs exist, they will be accessed and invoiced separately.*

*As stated above, you have agreed to notify MPM PROCESSING of any changes account information or rescission of this authorization.*

\_\_\_\_\_, MI 48546

Credit Card Billing Address

Signature

Card Number (7777-XXXX-XXXX-7777)

Expiration Date

**FOR YOUR PROTECTION AND IN ORDER TO PREVENT CREDIT CARD FRAUD, WE NOW REQUIRE THAT YOU ENTER THE CARD VERIFICATION NUMBER ON YOUR CREDIT CARD.**



**Visa or MasterCard:  
3-digit number on  
BACK of card**

Visa or MasterCard. If you are using a Visa or M/C, please provide the 3-digit CVV (Customer Verification Value). This is the non-embossed number printed on the signature panel on the back of the card immediately following the Visa or MC account